

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

05

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		365524.77
(b) Cash on Hand at Beginning of Reporting Period	462599.87	
(c) Total Receipts (from Line 19)	89783.39	386883.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	552383.26	752408.49
7. Total Disbursements (from Line 31)	60436.32	260461.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	491946.94	491946.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	77160.03	328181.08
(i) Itemized (use Schedule A)		
(ii) Unitemized	11578.77	54546.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	88738.80	382727.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	88738.80	382727.30
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1044.59	4156.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	89783.39	386883.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89783.39	386883.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59500.00	251500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	936.32	5033.55
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60436.32	260461.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	60436.32	260461.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	88738.80	382727.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88738.80	382727.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jeffrey Sue

Mailing Address 1481 S King St Ste 202

City State Zip Code
Honolulu HI 96814-2692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yeoh & Muranaka, MD, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 7

Transaction ID: 19631975

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Nathaniel Karlins

Mailing Address 2873 Lilac Ln

City State Zip Code
Fargo ND 58102-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Medical Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: 19652031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Charles Williams

Mailing Address 456 Carr Ln

City State Zip Code
Tallahassee FL 32312-8043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tallahassee

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: 19652034

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Clyde Allen Mailing Address 1 Kittingham Ct City State Zip Code Laurel MS 39443-7898 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-employed Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: 19652086 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) DR Robert Choplin Mailing Address Indiana University Sch of Med 550 University Blvd City State Zip Code Indianapolis IN 46202-5149 FEC ID number of contributing federal political committee. C Name of Employer Occupation Indiana Radiology Partners Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7 Transaction ID: 19652089 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) DR Divyang Ayar Mailing Address Radiology & Imaging of S Texas 3226 Reid Dr City State Zip Code Corpus Christi TX 78404-2552 FEC ID number of contributing federal political committee. C Name of Employer Occupation Radiology & Imaging of South Texas, LL Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: 19691644 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Kenneth Vanexan

Mailing Address 125 Southern St

City	State	Zip Code
Corpus Christi	TX	78404-1848

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology & Imaging of So-
uth Texas, LLOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	7

Transaction ID: 19691645

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Rudolph Alvarado

Mailing Address 226 Jackson PI

City	State	Zip Code
Corpus Christi	TX	78411-1216

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology & Imaging of So-
uth Texas, LLOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	7

Transaction ID: 19691646

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Alexander Aitken

Mailing Address 200 Atlantic St

City	State	Zip Code
Corpus Christi	TX	78404-1839

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology & Imaging of So-
uth Texas, LLOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	7

Transaction ID: 19691647

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Robert Drake Beauchamp

Mailing Address 1901 Ocean Dr

City State Zip Code
Corpus Christi TX 78404-1847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691648

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Patricia Gallagher

Mailing Address 5838 Ocean Drive

City State Zip Code
Corpus Christi TX 78412-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691669

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Chandra Katragadda

Mailing Address 3462 Ocean Dr

City State Zip Code
Corpus Christi TX 78411-1409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Mukul Maheshwari

Mailing Address Radiology Imaging of S Texas
3226 Reid Dr

City State Zip Code
Corpus Christi TX 78404-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691671

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Carlos Gutierrez

Mailing Address Alameda Imaging Center
3226 Reid Drive

City State Zip Code
Corpus Christi TX 78404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologists

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691672

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Thomas Ertzner

Mailing Address 109 Ocean Way St

City State Zip Code
Corpus Christi TX 78411-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691673

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Joseph Antonio

Mailing Address 60 Michaels Ln

City State Zip Code
Poughkeepsie NY 12603-6352

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691694

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Jonathan Jay Crystal

Mailing Address 110 Canaan Rd

City State Zip Code
New Paltz NY 12561-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691696

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Jack Hentel

Mailing Address 122 Ridgeview Rd

City State Zip Code
Poughkeepsie NY 12603-4264

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA Imaging, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691730

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Valerie Jackson

Mailing Address Indiana University Sch of Med
550 University Blvd

City State Zip Code
Indianapolis IN 46202-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University Sch of
Med

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 19691731

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DR John Knot

Mailing Address 205 Rosebank Lane

City State Zip Code
West Lafayette IN 47906-8614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Radiology Partners

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788872

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Geoffrey Smith

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City State Zip Code
Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788873

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Thomas Cunningham, III
 Mailing Address 419 S Washington St

City State Zip Code
 Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788874

Amount of Each Receipt this Period

120.00

B. Full Name (Last, First, Middle Initial)
 DR Paul Peters
 Mailing Address 3850 E 14 Apt U

City State Zip Code
 Casper WY 82609-3100

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788875

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
 DR Daniel Sulser
 Mailing Address 5280 Squaw Creek Rd

City State Zip Code
 Casper WY 82604-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Casper Medical Imaging,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788879

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Williams

Mailing Address 937 S Lincoln St

City State Zip Code
Casper WY 82601-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788880

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. DR Boris A. Karaman

Mailing Address Casper Medical Imaging
419 S Washington St Ste 101

City State Zip Code
Casper WY 82601-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788881

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. DR Lawrence Reif

Mailing Address 4250 Wilderness Dr

City State Zip Code
Racine WI 53403-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Healthcare

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788982

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Phan Huynh
Mailing Address 4522 Pin Oak Ln

City State Zip Code
Bellaire TX 77401-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singleton Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 19788983

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Steven Brick
Mailing Address 8314 Snug Hill Ln

City State Zip Code
Potomac MD 20854-4057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie,
& Merritt, PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795642

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)
DR Robert Paley
Mailing Address 2840 McGill Terr NW

City State Zip Code
Washington DC 20008-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie and
Merritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795643

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City

Bethesda

State

MD

Zip Code

20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795644

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Steven Brick

Mailing Address 8314 Snug Hill Ln

City

Potomac

State

MD

Zip Code

20854-4057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie,
& Merritt, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795645

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Robert Paley

Mailing Address 2840 McGill Terr NW

City

Washington

State

DC

Zip Code

20008-2748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Groover, Christie and
Merritt

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795646

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code
 Bethesda MD 20817-4941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs Grover, Christie & Me-
rritt

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795649

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Richard Benedikt

Mailing Address 501 Patterson Ave

City State Zip Code
 San Antonio TX 78209-5632

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795651

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Keith Crow

Mailing Address 20002 Messina

City State Zip Code
 San Antonio TX 78258-3180

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795652

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 75

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Joel Dunlap

Mailing Address 475 Burr Rd

City

San Antonio

State

TX

Zip Code

78209-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795653

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

DR James S. Gilley

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795659

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR G Christopher Hammet

Mailing Address 231 W Lynwood Ave

City

San Antonio

State

TX

Zip Code

78212-2323

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795660

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 75

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Carl Hardin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address South Texas Radiology Group 8401 Datapoint Dr Ste 600		Transaction ID: 19795661
City San Antonio State TX Zip Code 78229-5907	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Texas Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
B. Full Name (Last, First, Middle Initial) DR Mark Healy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 207 Blackjack Oak		Transaction ID: 19795662
City San Antonio State TX Zip Code 78230-5617	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Texas Radiology Group, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) DR Joseph McColley		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 314 Post Oak Way		Transaction ID: 19795663
City San Antonio State TX Zip Code 78230-5623	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer South Texas Radiology Group, P.A.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR John Stoll

Mailing Address 110 Cherokee Ln

City State Zip Code
San Antonio TX 78232-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
South TX Radiology Group

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795669

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DR Alvin Thaggard, III

Mailing Address 104 Cross Ln

City State Zip Code
San Antonio TX 78209-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Group, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795670

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DR William Horsley

Mailing Address Scottsdale Medical Imaging Ltd
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795678

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR James Bognanno
 Mailing Address 12572 Branford St

City State Zip Code
 Carmel IN 46032-7243

FEC ID number of contributing federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795730

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Scott Childress
 Mailing Address 7205 Shadeland Station Ste 150

City State Zip Code
 Indianapolis IN 46256-3929

FEC ID number of contributing federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795731

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Karen Ehrman
 Mailing Address Irvington Radiologists PC
 7205 Shadeland Station Ste 150

City State Zip Code
 Indianapolis IN 46256-3974

FEC ID number of contributing federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795732

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR William Elliott

Mailing Address 13791 Conner Knoll Pkwy

City State Zip Code
 Fishers IN 46038-3490

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795733

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Mark Fox

Mailing Address 12441 Anchorage Way

City State Zip Code
 Fishers IN 46038-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795736

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Bryan Hankins

Mailing Address 8452 Sunningdale Blvd

City State Zip Code
 Indianapolis IN 46234-1784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795737

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Todd Harris

Mailing Address 5880 Sunset Ln

City State Zip Code
Indianapolis IN 46228-1450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795738

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DR Susan Ivancevich

Mailing Address 365 East 75th Street

City State Zip Code
Indianapolis IN 46240-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795739

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DR Kenyon K. Kopecky

Mailing Address 650 Sugarbush Dr

City State Zip Code
Zionsville IN 46077-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jean Kraft

Mailing Address 5187 Sue Dr

City State Zip Code
 Carmel IN 46033-8669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795743

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR David Kurlander

Mailing Address 12511 Glendurgan Dr

City State Zip Code
 Carmel IN 46032-8314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795744

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Dale McCarter

Mailing Address 7150 N Pennsylvania St

City State Zip Code
 Indianapolis IN 46240-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologist

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795745

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 75

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gordon McLaughlin, III

Mailing Address 8440 Coral Reef Ct

City State Zip Code
 Indianapolis IN 46256-9505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795746

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Bruce Richmond

Mailing Address 8106 Halyard Way

City State Zip Code
 Indianapolis IN 46236-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Scott Savader

Mailing Address Irvington Radiologists PC
 7205 Shadeland Station Ste 150

City State Zip Code
 Indianapolis IN 46256-3974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Stephan Stockberger, JR
 Mailing Address 8352 Skipjack Dr

City State Zip Code
 Indianapolis IN 46236-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Irvington Radiologists,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795752

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
 DR Michael Swack
 Mailing Address 9703 Hunt Club Rd

City State Zip Code
 Zionsville IN 46077-8454

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Irvington Radiologists,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795753

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
 DR Perry Wethington
 Mailing Address 12060 Landover Lane

City State Zip Code
 Fishers IN 46038-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Irvington Radiologists,
 P.C.

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joseph Yedlicka

Mailing Address 9034 Bay Breeze Ct

City State Zip Code
 Indianapolis IN 46236-9170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irvington Radiologists,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Vipin Bansal

Mailing Address Radiological Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795757

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR George Bolton

Mailing Address 133 Yankton St

City State Zip Code
 Folsom CA 95630-8140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795758

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 28 / 75

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Jonathan Breslau

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795759

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Nicole Carbo

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795760

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Chong

Mailing Address 27075 E El Macero

City State Zip Code
El Macero CA 95618-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795761

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 75

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Huu-Ninh Dao

Mailing Address 2627 Rockwell Dr

City State Zip Code
 Davis CA 95618-7664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of Sacramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795763

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR John De la Vega

Mailing Address Rad Assoc of Sacramento
 1500 Expo Pkwy

City State Zip Code
 Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795764

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. DR Roland DeMarco

Mailing Address 5174 Prior Rdg

City State Zip Code
 Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795765

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 75

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Scott Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 19795766	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
B. Full Name (Last, First, Middle Initial) DR Hani Greiss		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 19795767	
City State Zip Code Sacramento CA 95815-4227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
C. Full Name (Last, First, Middle Initial) DR Jeffrey Kuo		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address 2619 Mariella Dr		Transaction ID: 19795771	
City State Zip Code Rocklin CA 95765-5618		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		850.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Don Charles Loomer

Mailing Address 937 Stillspring Ct

City State Zip Code
 Vacaville CA 95687-7704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795772

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Vartan Malian

Mailing Address 100 Crane Meadow Ct

City State Zip Code
 Roseville CA 95661-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795773

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Mylon Marshall

Mailing Address 2201 Lassen Pl

City State Zip Code
 Davis CA 95616-6604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795774

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles McDonnell, III

Mailing Address 5436 Ridge Park Dr

City State Zip Code
 Loomis CA 95650-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795779

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
 Granite Bay CA 95746-7186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795780

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. DR Narasimhachari Raghavan

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
 Carmichael CA 95608-4571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795781

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Schaefer

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795782

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR Albert Schraner

Mailing Address 5300 Tufts St

City State Zip Code
Davis CA 95616-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795783

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

DR David Seidenwurm

Mailing Address 2806 Hoffman Bluff Way

City State Zip Code
Carmichael CA 95608-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795790

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Christopher Simopoulos

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795791

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
DR James Steidler

Mailing Address 1806 Vela Pl

City State Zip Code
Davis CA 95616-6760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795792

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
DR Bahram Varjavand

Mailing Address 1355 35th St

City State Zip Code
Sacramento CA 95816-5307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795793

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Calvin Wang

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795794

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

DR David Winfield

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795796

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

DR Dylan Witt

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795797

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Frederic Conte

Mailing Address Radiological Assoc of Sacramento
1500 Expo PkwyCity State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795798

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. DR Michael Haseman

Mailing Address 4713 Firebird Lane

City State Zip Code
Sacramento CA 95841-4550FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795799

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
Sacramento CA 95815-4227FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Associates
of SacramentoOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795800

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795803

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR Roger Gilbert

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795804

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Brian Goldsmith

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiological Assoc. of Sa-
cramento

Occupation
Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 19795805

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Susan Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 19795806	
City Sacramento State CA Zip Code 95815-4227		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	
B. Full Name (Last, First, Middle Initial) DR Mark Logsdon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 19795807	
City Sacramento State CA Zip Code 95815-4227		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	
C. Full Name (Last, First, Middle Initial) DR Seth Rosenthal		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address Rad Assoc of Sacramento 2800 L ST STE 10		Transaction ID: 19795808	
City Sacramento State CA Zip Code 95816-5616		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Darlene Metter

Mailing Address 214 Gardenview

City State Zip Code
 San Antonio TX 78213-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas HSC San Ant-
onio

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 19810509

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Michael McCarthy

Mailing Address 1615 Eagle Point

City State Zip Code
 San Antonio TX 78248-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of TX Health
Science Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 19810511

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Pamela Otto

Mailing Address UTHSCSA MS 7800
 7703 Floyd Curl Dr

City State Zip Code
 San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Hlth Sci Ctr

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 7

Transaction ID: 19810512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Emil Shih		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 14 Hilee Rd		Transaction ID: 19810634
City Rhinebeck	State NY	Zip Code 12572-2347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer DRA Imaging, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) DR John Bedwinek		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address Missouri Cancer Care 1092 Wentzville Pkwy		Transaction ID: 19810635
City Wentzville	State MO	Zip Code 63385-3437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Missouri Cancer Care	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) DR Joseph G. Ciotola		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 3 Backfield Cir		Transaction ID: 19820892
City Sugarloaf	State PA	Zip Code 18249-1034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Hazleton Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Mary Curtis

Mailing Address 10630 Cromwell Dr

City State Zip Code
 Lincoln NE 68516-9253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Radiology Group,
P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: 19820995

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

DR Randolph Knific

Mailing Address 13400 Ponderosa Way

City State Zip Code
 Fort Myers FL 33907-7853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Regional Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 7

Transaction ID: 19820996

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Carol Rumack

Mailing Address UCD-HSC
 4200 E 9th Ave C293

City State Zip Code
 Denver CO 80262-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Colorado School
of Medicine

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 19850989

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR P Lynwood Stagg, III

Mailing Address 115 Pearce Dr

City

Jamestown

State

NC

Zip Code

27282-8444

FEC ID number of contributing
federal political committee.

C

Name of Employer
High Point Radiological
Services

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19852231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Lawrence Liebscher

Mailing Address 2615 W 4th St

City

Waterloo

State

IA

Zip Code

50701-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Medical Spec-
ialists, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19852232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR David Buck

Mailing Address 144 Penhurst Dr

City

Pittsburgh

State

PA

Zip Code

15235-5320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greensburg X-Ray Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael DeVenny

Mailing Address 3090 Yorktown Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Radiology Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853639

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Bill Warren

Mailing Address UWMC
Box 357115

City

Seattle

State

WA

Zip Code

98195-7115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853642

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Marcantonio

Mailing Address William Beaumont Hosp
3601 W 13 Mile Rd

City State Zip Code
Royal Oak MI 48073-6769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia West Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853682

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853693

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code
Yardley PA 19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central NJ

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853700

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR James Eisenberg

Mailing Address The Defiance Clinic
1400 E 2nd StCity State Zip Code
Defiance OH 43512-2494FEC ID number of contributing
federal political committee.

C

Name of Employer
Defiance ClinicOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853709

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code
Lincoln MA 01773-4807FEC ID number of contributing
federal political committee.

C

Name of Employer
The Imaging InstituteOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853713

Amount of Each Receipt this Period

83.34

C. Full Name (Last, First, Middle Initial)

DR Demetrius Morros

Mailing Address 1045 Lake Colony Ln

City State Zip Code
Birmingham AL 35242-7402FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853720

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

266.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code
 Villanova PA 19085-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19853730

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Jennifer Turner

Mailing Address 3551 Denver Ave

City State Zip Code
 Corpus Christi TX 78411-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19855014

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Dwight Townsend

Mailing Address 338 Catalina Pl

City State Zip Code
 Corpus Christi TX 78411-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19855015

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

540.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Matthew Comay

Mailing Address Radiology Imaging of S Texas
 3226 Reid Dr

City State Zip Code
 Corpus Christi TX 78404-2552

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Radiology & Imaging of So-
 uth Texas, LL

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19855016

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates
 5850 Centre Ave

City State Zip Code
 Pittsburgh PA 15206-3780

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Weinstein Imaging Associa-
 tes

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19855039

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City State Zip Code
 New Bern NC 28560-7520

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Coastal Radiology

Occupation
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 0 7

Transaction ID: 19855043

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

516.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Alfred Mansour, JR Mailing Address Central LA Imaging Inc 3704 North Blvd Ste A City Alexandria State LA Zip Code 71301-3606 FEC ID number of contributing federal political committee. C Name of Employer Central LA Imaging Inc. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 19855307 Amount of Each Receipt this Period 83.34
B. Full Name (Last, First, Middle Initial) DR Arthur Sandy Mailing Address 2821 Argyle Rd City Birmingham State AL Zip Code 35213-3403 FEC ID number of contributing federal political committee. C Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 19855309 Amount of Each Receipt this Period 85.00
C. Full Name (Last, First, Middle Initial) DR Gerald Dodd, III Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr City San Antonio State TX Zip Code 78229-3901 FEC ID number of contributing federal political committee. C Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.36		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 19855317 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)

251.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
 DR Alfred Shaplin
 Mailing Address 910 Kimswick Manor Lane

City State Zip Code
 Ballwin MO 63011-5115

FEC ID number of contributing federal political committee.

C

Name of Employer
Scott Radiological Group,
Inc.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872060

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
 Mrs. Diana F. Shaplin
 Mailing Address 910 Kimmswick Manor Lane

City State Zip Code
 Ballwin MO 63011-5115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872061

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
 DR Richard Fisher
 Mailing Address 8 Woodstone St

City State Zip Code
 Houston TX 77024-6228

FEC ID number of contributing federal political committee.

C

Name of Employer
Baylor College of MedicineOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872062

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daryl Chinn

Mailing Address 115 Kreuzer Ln

City State Zip Code
 Napa CA 94559-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872071

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)

DR Edward Angtuaco

Mailing Address Radiology Consultants
 9601 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872095

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. John Baden

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872096

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Amanda Ferrell

Mailing Address 1606 Blair St

City State Zip Code
 Little Rock AR 72207-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWU Breast Imaging Flwshp
Prog

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872098

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Scott Harter

Mailing Address 55 Maisons Dr

City State Zip Code
 Little Rock AR 72223-9020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872102

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR William Henry, SR

Mailing Address 9601 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants -
Little Rock, A

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872104

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 75

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael KingMailing Address Rad Consultants of Little Rock
9601 Lile Dr Ste 1100City State Zip Code
Little Rock AR 72205-6333FEC ID number of contributing
federal political committee.**C**Name of Employer
Rad Consultants of Little
RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	7

Transaction ID: 19872105

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR David Kolb

Mailing Address 25 Talais Dr

City State Zip Code
Little Rock AR 72223-9129FEC ID number of contributing
federal political committee.**C**Name of Employer
U of Arkansas for Med SciOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	7

Transaction ID: 19872106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael Long

Mailing Address 1 Picayune Ct

City State Zip Code
Little Rock AR 72211-6213FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Consultants of
Little RockOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	7

Transaction ID: 19872107

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Ronald Martin

Mailing Address 4210 Stoneview Ct

City State Zip Code
 Little Rock AR 72212-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872108

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Josue Montanez

Mailing Address Radiology Consultants of Little Ro
 961 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872109

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Joseph Murphy

Mailing Address 48 Hickory Hills Cir

City State Zip Code
 Little Rock AR 72212-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872110

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Harish Patel

Mailing Address 2 Margeaux Ct

City State Zip Code
 Little Rock AR 72223-9193

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872112

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR W Dale Perrymore

Mailing Address 6 Courts Dr

City State Zip Code
 Little Rock AR 72223-9021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872113

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR William Pierce

Mailing Address Radiology Consultants
 9601 Lile Dr Ste 1100

City State Zip Code
 Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872114

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kenneth Robbins

Mailing Address Radiology Consultants
9601 Lile Dr Ste 1100

City State Zip Code
Little Rock AR 72205-6333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Thomas St Amour

Mailing Address 14116 Belle Pointe Dr

City State Zip Code
Little Rock AR 72212-3697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872117

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Todd Smith

Mailing Address 18 Masters Cir

City State Zip Code
Little Rock AR 72212-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872118

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Stuckey

Mailing Address 216 Buckland Cir

City State Zip Code
 Little Rock AR 72223-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
U of Arkansas for Med Sci-
ences

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872119

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Alan Williams

Mailing Address 55 Robinwood Dr

City State Zip Code
 Little Rock AR 72227-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants of
Little Rock

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR William Baber

Mailing Address 7 Cricklewood Pl

City State Zip Code
 Saint Louis MO 63131-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872121

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Douglas Curry

Mailing Address 9815 Log Cabin Ct

City State Zip Code
 Saint Louis MO 63124-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872122

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Gene Davis, JR

Mailing Address 25 Chesterfield Lakes Rd

City State Zip Code
 Chesterfield MO 63005-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872123

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

C. DR David Diemer

Mailing Address 2618 Wickerton Ct

City State Zip Code
 Saint Louis MO 63122-3351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872124

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Engels

Mailing Address 40 Midpark Ln

City State Zip Code
 Saint Louis MO 63124-1557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872125

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Dale Fletcher

Mailing Address 239 Whiting Lane

City State Zip Code
 Chesterfield MO 63005-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872126

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

DR Geoffrey Hamill

Mailing Address 425 W Jackson Rd

City State Zip Code
 Webster Groves MO 63119-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciate

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872127

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR Walter Holloman Mailing Address 65 Meadowbrook Country Club Est City Ballwin State MO Zip Code 63011-1697 FEC ID number of contributing federal political committee. C Name of Employer Midwest Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: 19872128 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) DR Amy Mosher Mailing Address 5136 Westminster Pl City Saint Louis State MO Zip Code 63108-1121 FEC ID number of contributing federal political committee. C Name of Employer Midwest Radiological Associates, P.C. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: 19872129 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) DR John Niemeyer Mailing Address 1652 Mason Knoll Rd City Saint Louis State MO Zip Code 63131-1219 FEC ID number of contributing federal political committee. C Name of Employer Midwest Radiological Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 Transaction ID: 19872130 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Lisa Oakley

Mailing Address 8101 Stratford Dr

City

Saint Louis

State

MO

Zip Code

63105-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872131

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. DR Linda Proctor

Mailing Address 346 N Meramec Ave

City

Clayton

State

MO

Zip Code

63105-3719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872132

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Floyd Scales

Mailing Address 12580 Durbin Dr

City

Saint Louis

State

MO

Zip Code

63141-8814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiologists Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872133

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Scheible

Mailing Address 759 N Hanley Rd

City

Saint Louis

State

MO

Zip Code

63130-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872134

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. DR Steven Solomon

Mailing Address 17609 Ailanthus Drive

City

Chesterfield

State

MO

Zip Code

63005-4284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872135

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Thornton

Mailing Address 308 Townsend St

City

Saint Louis

State

MO

Zip Code

63141-8334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Radiological Asso-
ciates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 7

Transaction ID: 19872136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1325.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial) DR John Lohnes, JR Mailing Address Wichita Radiological Group PA PO Box 8903 City State Zip Code Wichita KS 67208-0903 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: 19872811 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Wichita Radiological Group PA Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		
B. Full Name (Last, First, Middle Initial) DR Jeffrey Robinson Mailing Address Radia 728 134th St SW Ste 120 City State Zip Code Everett WA 98204-5322 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: 19872813 Amount of Each Receipt this Period 125.00
Name of Employer Occupation Puget Sound Radiology Diagnostic Radiologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		
C. Full Name (Last, First, Middle Initial) DR William Powlis Mailing Address Crozer Chester Medical Center 1 Medical Center Blvd City State Zip Code Upland PA 19013-3995 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: 19872814 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Southeast Radiology Ltd. Radiation Oncologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)
DR Stephen Sevigny
Mailing Address 1325 Oak Forest Dr

City State Zip Code
Ormond Beach FL 32174-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 19880387

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DR Calvin Leuschen
Mailing Address 105 Palo Alto

City State Zip Code
Boerne TX 78006-5999

FEC ID number of contributing
federal political committee.

C

Name of Employer
U TX Hlth Sci Ctr at San
Antonio

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 19880388

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DR Diane Icenogle
Mailing Address 105 Palo Alto

City State Zip Code
Boerne TX 78006-5999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Health Science
Cent

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 19880389

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joel Dunnington

Mailing Address MD Anderson Cancer Center
1515 Holcombe Blvd

City State Zip Code
Houston TX 77030-4009

FEC ID number of contributing
federal political committee.

C

Name of Employer
MD Anderson Cancer Center

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 7

Transaction ID: 19880392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Curtis Poor

Mailing Address 2415 Eagle Cir

City State Zip Code
Bettendorf IA 52722-6202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC SC

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 19958540

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Judy Greene

Mailing Address 7104 Hunters Crk

City State Zip Code
Dayton OH 45459-3466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Network Radiolo-
gists

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 19971871

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

77160.03

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A.

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

4156.42

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 20122145

Amount of Each Receipt this Period

1044.59

Bank Interest

SUBTOTAL of Receipts This Page (optional)

1044.59

TOTAL This Period (last page this line number only)

1044.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Earl Pomeroy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND

District: 1

Transaction ID: 19620498

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Earl Pomeroy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: ND

District: 1

Transaction ID: 19620500

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Cubin For Congress Inc

Mailing Address Post Office Box 4657
P O Box 4657

City
Casper

State
WY

Zip Code
82604

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Barbara Cubin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: WY

District: 1

Transaction ID: 19538107

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Hooley For Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Darlene Hooley

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District: 5

Transaction ID: 19538003

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Davis For Congress

Mailing Address 6429 Downing Court

City
Annandale

State
VA

Zip Code
22003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas M. Davis, III

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 11

Transaction ID: 19503084

Date of Disbursement

04 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Simpson For Congress

Mailing Address 1487 Parkway Drive

City
Blackfoot

State
ID

Zip Code
83221

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael K. Simpson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: ID

District: 2

Transaction ID: 19503085

Date of Disbursement

04 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Joe Wilson For Congress Committee

Mailing Address Post Office Box 2145

City State Zip Code
West Columbia SC 29171

Purpose of Disbursement

Candidate Name
Rep. Joe Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19537220

Date of Disbursement

04 / 11 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement

Candidate Name
Rep. Thomas Price

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 6

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19691794

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement

Candidate Name
Rep. Joe L. Barton

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 6

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19788386

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

Office Sought: ☒ House
☐ Senate
☐ President

State: MD District: 5

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19808576

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement

Candidate Name
Rep. John Sullivan

Office Sought: ☒ House
☐ Senate
☐ President

State: OK District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19788442

Date of Disbursement

04 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 19788405

Date of Disbursement

04 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Pioneer Political Action Committee

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19788443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends Of Weiner

Mailing Address 1 Ascan Avenue
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement

Candidate Name
Rep. Anthony D. Weiner

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 9

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19691773

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Red PAC

Mailing Address P.O. Box 51

City Homeland State FL Zip Code 33847

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19504145

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 19788444

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 4

Transaction ID: 19788755

Date of Disbursement

04 / 19 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 19788445

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Joseph R. Pitts

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 19788756

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Tom Allen For Congress Committee

Mailing Address P.O. Box 17766

City
Portland

State
ME

Zip Code
04112

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Thomas H. Allen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 19856579

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City
Midland

State
MI

Zip Code
48640

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David Lee Camp

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 19503911

Date of Disbursement

04 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. More Conservatives PAC (McPAC)

Mailing Address 675 N WASHINGTON STREET
SUITE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19788683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Republican Main Street Partnership PAC

Mailing Address c/o G&W 2201 Wisconsin Ave. NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19788831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name
Rep. Sue Wilkins Myrick

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 9

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19620511

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Prosperity Helps Inspire Liberty Political Action

Mailing Address PO Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19869767

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 2

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 19504142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

59500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20125519

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2007

Amount of Each Disbursement this Period

936.32

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

936.32

TOTAL This Period (last page this line number only)

936.32